

CARES Commission Site Visit Report

VISN 22: VA Desert Pacific Healthcare Network

VAMC Long Beach

VAMC Greater Los Angeles

VA Las Vegas

Dates of Visit: July 14-16, 2003

Sites Visited:

- VAMC Long Beach, California (VALB)
- VAMC Greater Los Angeles, California (VAGLA)
 - Sepulveda Outpatient Clinic
- VA Southern Nevada Delta Point, Las Vegas, Nevada (VALV)
 - Mike O'Callaghan Federal Hospital (MOFH)

CARES Commissioners/Staff:

Commission Chair Everett Alvarez
Commission Vice Chair R. John Vogel
Commissioner Robert Ray

Overview of Site Visit:

VA Long Beach (VALB) is a tertiary care facility, a teaching facility providing a full range of patient care services and consists of four community outpatient clinics located in Anaheim, Santa Ana, Villages at Cabrillo and Whittier-Santa Fe Springs. VALB has a total FTEE of 1,668.9 and operates several special emphasis programs including spinal cord injury/disorder (SCI), preservation amputation care and treatment (PACT), geropsychiatry and substance abuse among others. The SCI Program is the largest in the Department of Veterans Affairs and has been recognized for its leadership role in magnetic stimulation. VALB also recently started a mobile clinic in June 2003 at the Villages at Cabrillo, which is staffed with a nurse practitioner and a driver. VALB has a large funded research program, including studies in magnetic stimulation and cancer. It has 100 active research principal investigators and 250 active research projects. The total research funding for FY2003 was \$3.9M from VA and NIH, and Industry sources of just over \$2M.

VA Greater Los Angeles (VAGLA) is the largest integrated healthcare organization in DVA with 953 operating/authorized beds, 3,350 FTEE and an operating budget of approximately \$500M. It is a tertiary care facility and a teaching hospital providing a full range of patient care services with state-of-the art technology as well as education and research. VAGLA is affiliated with UCLA and USC Schools of Medicine and Advanced Practice Nursing Programs, and has over 500 residents, interns and students trained each year. The VAGLA research program has a strong history of accomplishment with

numerous nationally and internationally recognized investigators. The research program successfully transitioned through an intensive redevelopment period following a mandated shutdown of all research activity by the Office for Protection from Research Risks and the VA in March 1999. System corrections were implemented, sanctions were lifted and research resumed in a systematic manner. VAGLA is considered a center of excellence for programs in renal dialysis, epilepsy, comprehensive medical rehabilitation medicine and homeless programs.

VA Southern Nevada/Las Vegas (VALV) consists of 16 facilities located in Las Vegas, Henderson and Pahrump, Nevada. VALV serves veterans in seven counties including Clark, Lincoln, Nye and Esmeralda counties in Nevada; Washington County in Utah; Mohave County in Arizona, and San Bernardino County in California. Fourteen (14) facilities are located in metropolitan Las Vegas and North Las Vegas, Nevada and include the following:

- * Mike O'Callaghan Federal Hospital (MOFH) is a joint venture with Nellis AFB. VA has 52 operating beds for medicine, surgery, psychiatry and a Jointly staffed VA/AF intensive care unit. The AF operates an additional 44 beds at the MOFH.

- * Arville House Psychiatric Day Treatment Center treats the diagnosis PTSD and other mental illnesses in a controlled environment. Approximately 45 veterans are enrolled in the program at any given time.

- * CBOC for Homeless Veterans provides needs assessments, employment counseling, outreach to rural/remote areas of Clark County, emergency shelter, and transitional housing referral.

- * Ambulatory care operations have been relocated to ten (10) separate sites in Las Vegas metropolitan area.

While hospitalization of veterans is provided primarily at the MOFH, veterans are also transferred to VA Medical Centers in Southern California and to community hospitals in Southern Nevada for inpatient medical/surgical care and complex rehabilitation care services that are not available at the MOFH. VALV is affiliated with the University of Las Vegas, School of Medicine/Social Work/ Nursing; with the University of Nevada, Reno Department of Nutrition and the Southern California College of Optometry. VALV employs 707.5 FTEE.

VA Representatives in Attendance/ Name & Title:

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|------------------|-----------------------------------|
| ➤ Ken Clark | VISN Director |
| ➤ Barbara Fallen | VISN Strategic Mgmt. Officer |
| ➤ David Holt | VISN CARES Coordinator |
| ➤ Ramon Reevey | Director, VA Long Beach |
| ➤ Ada Neale | Associate Director, VA Long Beach |

➤ Estella Murray	PAO, VA Long Beach
➤ Charles Dorman	Acting Director, VA Greater Los Angeles
➤ John Fitzgerald	Associate Director, VAGLA
➤ Dean Norman, MD	Chief of Staff, VAGLA
➤ Beverly Fitzgerald	PAO, VAGLA
➤ John Hemphill	Director, VA Las Vegas
➤ John Bright	Associate Director, VALV
➤ David Martinez	PAO, VALV

Tours of Facilities:

VALB: Mr. Reevey and PAO Murray lead a walking tour of the VA Long Beach facility (including the Progressive Ward/SPD/Same Day Surgery/Surgery & OR/SICU and new SCI unit location), which culminated in a driving tour of the campus grounds.

VAGLA: Mr. Dorman and PAO Fitzgerald lead a walking tour of the West Los Angeles facility (VAGLA) and a driving tour of the grounds of that campus. The Commissioners were also driven to the Sepulveda Outpatient Clinic (approximately 15 miles away) to experience the impact daily commuter traffic has on that driving distance, and subsequently on accessibility for those veterans who must travel to West Los Angeles. At the Sepulveda Clinic the Commissioners were lead on a walking tour by Mr. Gorman and Ms. Fitzgerald.

VALV: Mr. Hemphill and PAO Martinez lead the Commissioners in an overview of the Las Vegas situation that resulted in the need to vacate the original outpatient clinic building, and decentralize clinical and administrative functions to 10 different locations. They lead the Commissioners on a driving tour of several of the locations where services are rendered to veterans. The Commissioners were then lead on a walking tour of the MOFH lead by Dan Gerrard, Chief Administrative Officer. That tour included discussion on how structural design and functional adjacencies were used to minimize heavy traffic flow for high use outpatient clinics and vertical transport for acute care inpatient areas. The driving tour ended with a visit to the current proposed site for the building of a new Ambulatory Care Center and discussion of that process and timeline as outlined by Secretary Principi.

What did we learn?

The VA Desert Pacific Healthcare Network is composed of 5 medical centers and 30 community based outpatient clinics with the largest funded research program in DVA.

The network currently has:

- \$120K in seismic needs on hold pending the CARES outcome
- projected a decrease of 48% in veteran population from 2001-2022 in California market
- projected a decrease in enrolled veterans of only 17% from 2001-2022 in California market

- projected a decrease in veteran population of 19% from 2001-2022 in Nevada market
- projected an increase in enrolled veterans of 18% from 2001-2022 in Nevada market

The network has major proximity concerns under the CARES process that cannot be considered without adding the impact of traffic patterns/driving times into the equation:

- 4 tertiary facilities within 120 miles
- 2 tertiary facilities within 60 miles
- need to consider consolidation of functions (i.e. clinical support/administrative)

Initiatives being considered by Network 22 include new clinical additions for GLA/Loma Linda/San Diego; additional community based outpatient clinics in Orange County along with a new administrative building (Long Beach); new ambulatory care center for Las Vegas.

Major issues/concerns focus on:

- Opportunities for expanded sharing with DoD/Nellis AFB in Nevada market
 - MOFH staffed beds are a total of 94
 - VA has 52
 - AF has 42
 - Med/Surg: VA 34/AF 28
 - Obstetrics: AF 10
 - Psychiatric: VA 14
 - ICU/CCU: VA 4/AF 4
- Need to locate permanent housing for Las Vegas Ambulatory Clinic functions to consolidate current healthcare services into one location for veterans
- Special Populations:
 - Conversion of 30 SCI beds to LTC/research use in Long Beach (opposed by PVA/CPVA)
 - Establish new 24 bed Blind Rehab Center at Long Beach (GLA site preferred by stakeholder groups)
 - Increase in homeless veteran population produces:
 - Need to expand current program on GLA campus
 - Request by Stakeholders to build additional housing on both GLA and Long Beach sites
- Excess Space/Land Use (total of 818,885 sf in network)
 - Long Beach and GLA have excess land for use
 - Membership/findings of a network land use planning committee are hotly contested by Congressional/local community/veterans delegations (currently the planning committee membership is 100% VA executive/management types)
- Need for additional parking and shorter wait times for veterans at Loma Linda/San Diego sites
- Better integration between Vet Centers and community based outpatient clinics (CBOC) in Long Beach area

- Need to complete seismic reinforcement projects for buildings on GLA/Long Beach and San Diego campus sites
- Proposal to expand existing National Cemetery Service land by an additional 20 acres on GLA campus

Summary of Stakeholder Meeting(s):

VALB: Chairman Alvarez provided welcoming /opening remarks to all stakeholders in attendance, introduced the Commissioner/Staff and gave a brief overview of the purpose of the meeting. The stakeholders in attendance represented veteran service organizations, facility and network staff and one representative from the federal Congressional staff.

VAGLA: Mr. Dorman gave welcoming remarks, introduced the Commissioners/Staff, and briefly discussed the purpose of the meeting. Commissioner Vogel gave a brief overview of the CARES process, the roles/responsibilities of the Commissioners as chartered by Secretary Principi and the importance of hearing from the stakeholder groups through these site visits and during future hearings. The stakeholders in attendance represented veteran service organizations, National Cemetery Service staff, federal Congressional staff representatives, local neighborhood community groups and individual veterans.

VALV: Mr. Hemphill provided welcoming remarks, introduced the Commissioners/Staff and encouraged stakeholders to express their concerns at this meeting. Commissioner Vogel did a brief overview of the CARES experience/process/responsibilities and the need to hear from the stakeholders. Stakeholder attendance included representatives veteran service organizations and federal Congressional staff representatives.

Topics of Discussion:

The level of stakeholder understanding about the CARES process varied between being well informed to just having a vague knowledge of the intent of the initiatives. All the groups were very interested in hearing about the next phase of the process, the role of the Commissioners and focusing on specific initiatives for their facility.

VALB: Stakeholder comments were in the areas of:

- Anticipated future need of veterans
 - Concern that CARES ensure that VA is equipped to handle future needs for healthcare as military aggression is expected to continue
 - Don't start cutting out so much now in VA that we are not ready/able to handle the veterans of tomorrow
- CARES is not a BRAC: need to keep tertiary facilities operational to meet needs of the veteran population
- Need for SCI veterans to be treated in a medical center not at the CBOC's, they are not equipped to handle the special kinds of care needed by this population
 - CBOC exam rooms are not equipped to handle treatment
 - Special care needs require a tertiary facility

- Need to maintain level of OR suites to meet needs of SCI veterans
- Need to maintain level of operating beds, not take 30 (current SCI) beds and turn them into long term care (LTC) beds with use by research
 - Believe that patient care needs must come before space/beds are given over to research pursuits

VAGLA: Stakeholder comments were in the areas of:

- Need to involve stakeholder groups in the local planning for CARES process/documents
 - Congressional offices believe that involvement of community/veteran groups in process is “non-negotiable”
- Land use master planning process and at GLA
 - Needs to be maintained as a separate item not to be included in the CARES process
 - Network CARES Committee needs to be revamped to include stakeholder representation
 - How land is used has an immediate impact on neighboring community
 - Keep the land use for veterans
- Need to re-visit Sepulveda CBOC
 - That campus has several vacant buildings/space
 - Need to consider expanding that facility to a full service hospital (again)
- Need to address the increasing number of homeless veterans and use VA property to provide additional housing for that population
- VA needs to remember its fourth mission to be back-up for DoD
 - CARES needs to be careful not to “right size” the VA so much that the capability to support DoD efforts is jeopardized
 - Will VA be able to respond to another “9/11” event, and what impact will the CARES process have on that ability
- Access to care in GLA area
 - Traffic patterns keep some veterans away
 - Veterans have to drive long distances for enhanced services
 - Long wait times will not improve if services are cut through the CARES process

VALV: Stakeholder comments were in the areas of:

- Rapid population growth of Las Vegas area (Clark County)
 - Veteran need for healthcare will quickly outgrow a proposed CBOC infrastructure...need a full service hospital
 - Needing to travel to West LA with the long traffic delays is unacceptable to veterans
- Concern about CARES process issues
 - Who can come to the hearings?
 - Will market plan for network be available for review by stakeholders before the hearing?
 - Can CARES work with local Department of Transportation to best locate a site for a new hospital in Las Vegas?

Exit Briefing with VISN/Facility Leadership:

Commissioners Alvarez, Vogel and Ray and Ms. McKinley expressed their appreciation to the network and local VA staff at the end of each site visit. The hospitality, coordination and assistance provided by the Public Affairs Officer (PAO) at each site was acknowledged, as well as the efforts of other staff members and joint DoD cooperation during the MOFH tour in Las Vegas. The time taken and spent by facility executive leadership teams, along with all the efforts of the behind the scenes staff culminated in an educational and enlightening experience for the Commissioners.

Outstanding Items/Questions/Follow-up:

- Location of Blind Rehab Center at Long Beach (versus Greater Los Angeles)
- Land use at Long Beach and Greater Los Angeles sites
- Projected veteran population growth for Clark County/Las Vegas area and corresponding healthcare demand for that area (CBOC vs. hospital)
- Site location for proposed Ambulatory Care Center in Las Vegas
- Projected need for expansion at MOFH (can VA get more space from DoD/Air Force)
- SCI bed availability at Long Beach

Prepared by: Johnetta McKinley, CARES Commission Staff
July 19, 2003

Approved by: _____ Date: _____
Everett Alvarez, Commission Chair
R. John Vogel, Commission Vice-Chair
Robert Ray, Commissioner